
2/15/19

YCCO/PH Tech Authorization and Referrals FAQ for Providers

Below are some questions that have been asked specific to the authorization and referral process. This is not a comprehensive list. For more information please always refer to the current OHA Prioritized List provided by OHA when in doubt about what is covered benefit. A list of services that require and prior authorization will be available in CIM in the Provider Services section.

Authorizations

Pre-existing Authorizations:

All pre-transition (1/1/19) prior authorization were submitted to PH Tech and will be honored for the life of the authorization or up to 90-days (3/31/19), whichever is shorter. During this 90-day grace period, PCP's are encouraged to submit new authorization request into CIM for ongoing approval and to limit disruption to members services. YCCO Customer Service will be happy to assist with this process at 855-722-8205.

Who do I call for pre-authorization?

Providers are encouraged to submit PA requests online via CIM the secure provider website. The PA fax form is also located on the CIM site where Providers can complete, print and submit the form to PPP Medical Management along with the clinical records pertinent to the service request by faxing to 503-574-6464.

For Provider questions related to Prior Authorization the Providence Plan Partners telephone number will be listed on the member's ID card. Medical: 503-574-6400
For pharmacy/drug pre-authorization please see section below called Pharmacy Authorizations and Referrals.

Cancer related services – are they covered?

Refer to the prior-authorization list, the OHA Prioritized list from and make sure referrals and authorizations for specialty care are on file in CIM.

Cardiac Rehabilitation – Does it require prior-authorization?

The PCP should make a referral to the ordering physician, if they aren't the ordering. If a referral to the ordering specialist is on file, no prior-authorization is required.

DME

Where can we order DME for our patients? Contact Providence Home Services 800-531-9754 or MAC Medical (503) 472-2147.

2/15/19

Lab and Radiology Prior Authorization- What lab and radiology prior authorizations are required?

There are no required prior authorizations for High Tech Imaging or for labs follow the OHA Prioritized list and the prior authorization code list.

Retro Authorizations – Are retro authorizations allowed?

Retro authorizations are not allowed. The provider can submit provider reconsideration in writing or request a peer-to-peer consultation. If a provider wishes to seek a reconsideration of a payment determination, prior-authorization for medical or pharmacy services, please follow the instructions on the determination letter about the reconsideration process, address, phone/fax to submit the request. It is important that reconsiderations be submitted as stated in the determination letter for timely handling.

Procedure code changes for an existing Authorization - Once an authorization for surgery is done, if there is a change in the OR for services, can code ranges be given or does it have to be done through an appeal process?

Prior Authorization approves for the requested service and is not guarantee of payment. If we approve a surgery for XXXXX code, and the provider bills with a different code - XXXXY, we would obtain chart notes and review for "correct coding" on the back end. If we deny, then the reconsideration process would apply. If a provider wishes to seek a reconsideration of a payment determination, prior-authorization for medical or pharmacy services, please follow the instructions on the determination letter about the reconsideration process, address, phone/fax to submit the request. It is important that reconsiderations be submitted as stated in the determination letter for timely handling.

Referrals No claim will be denied for the first 90-days due to lack of a referral.

Pre-Transition Referrals:

We do not want to hinder members treatment and want to assure providers to continue with existing scheduled appointments. Referral requirements will not prevent payment during the initial 90-days of this transition. After the 90 days (4/1/19), referral requirements will cause claims to deny if there is not a referral entered in CIM. We encourage you to enter new referrals into CIM as soon as possible to prevent delays in services. New referrals can be submitted through CIM at any time and the YCCO Customer Service team will be happy to assist with this process at 855-722-8205.

Referrals are managed by the PCPs.

Members are expected to get their care from their assigned PCP. In the event you need to make a referral to another provider, a specialist or check the status of the referral, you can do this through the online portal CIM.

2/15/19

In some circumstances *a referral is not needed* if the service pairs with the diagnosis and the service is part of the OHA Prioritized List above the funded line. If the service is below the OHA funded line, and the provider believes there needs to be an exception, a prior authorization request can be made to PPP Medical Management for special consideration. So, for example, referrals are not needed for services such as Botox treatment for funded diagnoses, all women's health service visits, urgent care or ED follow up care visits for up to 30 days post utilization, physical therapy visits (up to 30 a year), occupational therapy visits, and speech therapy visits. Additionally, services at Public Health do not require a referral either.

Where do I enter referrals or check on referral status?

Referrals can be entered, and status can be checked in CIM. You may already be registered and familiar with CIM due to your network relationship with another health plan. For any provider not already registered, PH TECH will reach out to work with you on getting registered and provide training on how to use CIM. You can call Customer Service at 855-722-8205 for more information.

Existing Specialist Referral - A patient has been visiting a specialist for a period of time, and rarely sees their PCP, do they need a new referral?

For this plan the PCP is seen as the primary care giver for the members care and they will need to provide a referral for ongoing care with a specialist.

Naturopathic and Acupuncturists who are not contracted with YCCO as a PCP,
Require referrals from the members PCP.

New Diagnosis Referral - Do I need a new referral for a new diagnosis?

The initial referral on file applies if new conditions are found and there is no need to submit a new referral for the new/additional diagnosis.

Nutrition Counseling – is it covered?

Yes, with a referral from the PCP and if the diagnosis/procedure are above the line. There are no limits as long as there is a referral on file and there are visits available.

Osteopathic Manipulation

This is a covered benefit and there are no authorization requirements for Manipulation, please follow the current OHA Prioritized List.

Patient Education- Have we informed the patient of new referral requirements?

No specific communication regarding this has been sent to members. Information is available in various places such as website, provider directory, and member handbook. The PCP and specialist will need to share this information with patients. There will be a

2/15/19

grace period of 90 days for new referrals to be put in place. After the 90 days claims will be denied if an updated referral is not in the system.

The PCP or the Specialist can do a pre-authorization, however there must be a referral in place from the PCP before a Specialist to do the pre-authorization.

Physical, Occupational and Speech Therapy: Diagnosis must pair with the line and be part of the OHA Prioritized list.

A referral is not needed for patient visits in certain situations. For example, for Botox treatment for funded diagnoses, for visits to women's health service providers, for urgent care or ED follow up care visits for up to 30 days post utilization, for physical therapy services (up to 30 total visits a year), for occupational therapy visits, and for speech therapy visits. Referrals are also not needed for services at Public Health. Of note, coverage of the service does require that the service pairs with an appropriate covered diagnosis and that the service is part of the OHA Prioritized List above the funded line. If the service is below the OHA funded line, and the provider believes there needs to be an exception, a prior authorization request can be made to PPP Medical Management for special consideration.

Retro Referrals

Primary care providers (PCP) are responsible for patient referrals and need to make sure the referral is on file for the appropriate provider, as well as, the allowed types of services. If the referral is not submitted, claims will deny. The PCP must fill out and submit the referral request forms online in CIM or by fax for all services performed by a specialist. As a courtesy, providers have the ability to submit referrals with a retroactive date no greater than 60 days. This helps providers, who mistakenly couldn't get a referral on file, but again this does not negate the need for the PCP and the specialist to make sure the referral is on file in CIM.

Transition of Care for Referrals- What are requirements of specialists who have scheduled appointments in 2019?

No claim will be denied for the first 90-days due to lack of a referral. In the previous system, referrals were not required in most cases. We do not want to hinder treatment to our members and will honor all referrals through 3/31/19. Please keep scheduled appointments that were made prior to the transition. For ongoing care after 4/1/19 with a specialist, the PCP will need to make a referral for the care.

New referrals (after 1/1/19) for specialty/specialist services will require a referral or PA as applicable in the new system. You can find more information in CIM on what services require a referral.

Vision Services

2/15/19

Medical vision will require a referral from the member's PCP. SWEEP Optical is providing hardware services. Referral requirements can be waived if emergency services are provided or if urgently needed care is provided from either an in-network or non-network provider when network providers are temporarily unavailable or if the member is out of the service area.

Routine vision services, when covered, would be provided by network providers, with no referral required, with hardware being provided by SWEEP Optical.

Refraction services: please review prior authorization list for medical and the OHA Prioritized list for routine vision services.

Pharmacy Authorizations and Referrals administered by Providence Plan Partners

Pharmacy Transition of Care

YCCO members will have a 60-day transition period for non-specialty medications. Claims for non-formulary drugs or drugs that require prior authorization (PA) will continue to process during the first 60 days of eligibility. Members and prescribers will receive letters notifying them of the need to change to an alternative therapy. To help facilitate this transition, we are providing you with a list of your patients who have a recent claim for a drug that requires PA or is non-formulary on the YCCO formulary in 2019. Please review this list and consider prescribing the preferred therapy or submit a PA for review, if appropriate. PA criteria can be found on the YCCO formulary page at: <https://stage.yamhillcco.org/for-providers/formulary-drug-list-and-updates/>. Please send fax requests to 503-574-8646 or toll-free fax 800-249-7714.

Specialty Pharmacy Transition

Members currently taking specialty drugs will be contacted directly by Providence's specialty pharmacy team to facilitate transfer of care to Providence's preferred specialty pharmacy, Credena Health. You may be contacted to send updated prescriptions to Credena Health. Information on Credena Health can be found at: <https://www.providence.org/credena-health>.

Injectables/Synagis

Where do we find out information on injectables that require a PA? Injectables which require a PA can be found on the Pharmacy Medical Drug Benefit Prior-Auth List.pdf. This list will be available in the Provider Section on CIM after January 1, 2019. If you would like a copy emailed to you, please contact YCCO prior to 1/1/2019.



2/15/19

Are there specific PA requirements for Synagis? Synagis does not require a PA with PPP. Walgreens Specialty Pharmacy can supply Synagis to all providers. Walgreens Specialty Pharmacy will bill Synagis via medical benefits and white bag it to the provider's office for administration.

Pharmacy Forms

The uniform medication prior authorization form can be accessed here:
<https://yamhillcco.org/for-providers/policies-and-forms/>

Pharmacy Help Desk

For questions related to medication coverage or pharmacy processes, please call the Providence Pharmacy Division at 1-877-216-3644

Please send fax requests to 503-574-8646 or toll-free fax 800-249-7714.